

	A	B	D	E	F	G
1		<b>Family Planning Waiver Covered Services</b>				
2						
3	Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
4	00851	Anesthesia, tubal ligation/transection			V25.03	Encounter for emergency contraceptive counseling diagnosis code to be used with any of the approved office visit coding: 99201-99205; 99211-99215; 99241-99245; 99383-99386; 99393-99396
5	00921	Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral				
6	00952	Anesthesia for hysteroscopy			079.4	HUMAN PAPILLOMA VIRUS
7	11975	Insertion of non-biodegradable drug, device or implant	12/31/2011		079.88	OTHER NONSPECIFIC ABNORMAL PAP SMEAR OF CERVIX
8	11976	Removal of non-biodegradable drug, device or implant			622.10	DYSPLASIA OF CERVIX, UNSPECIFIED
9	11977	Removal with reinsertion of non-biodegradable drug, device or implant	12/31/2011		622.11	MILD DYSPLASIA OF CERVIX
10	11981	Insertion, non-biodegradable drug delivery implant			622.12	MODERATE DYSPLASIA OF CERVIX
11	11982	Removal, non-biodegradable drug delivery implant			795.00	NONSPECIFIC ABNORMAL PAP SMEAR OF CERVIX, UNSPECIFIED
12	11983	Removal with reinsertion, non-biodegradable drug delivery implant			795.01	ATYPICAL SQUAMOUS CELL CHANGES OF UNDETERMINED SIGNIFICANCE
13	36415	Venipuncture			795.02	ATYPICAL SQUAMOUS CELL CHANGES FAVOR DYSPLASIA
14	36416	Drawing blood capillary			795.03	PAP SMEAR OF CERVIX WITH LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION
15	55250	Vasectomy, unilateral/bilateral (separate procedure), including postoperative semen examination(s)			795.04	PAP SMEAR OF CERVIX WITH HGSIL
16	55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)			795.05	CERVICAL HIGH RISK HUMAN PAPILLOMAVIRUS (HPV)DNA TEST POSITIVE
17	57170	Diaphragm or cervical cap fitting			795.06	PAPANICOLAOU SMEAR OF CERVIX WITH CYTOLOGIC
18	57410	Pelvic exam under anesthesia			795.07	SATISFACTORY CERVICAL SMEAR BUT LACKING TRANSFORMATION ZONE
19	57420	Colposcopy of the entire vagina with cervix if present			795.09	OTHER NONSPECIFIC ABNORMAL PAP SMEAR OF CERVIX
20	57421	Colposcopy of the entire vagina, with cervix if present, with biopsy(s) of vagina/cervix			795.10	ABNORMAL GLANDULAR PAPANICOLAOU SMEAR OF VAGINA

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3	Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
21	57452	Colposcopy of the cervix including upper/adjacent vagina			795.11	PAPANICOLAOU SMEAR OF VAGINA WITH ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE (ASC-US)
22	57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage			795.12	PAPANICOLAOU SMEAR OF VAGINA WITH ATYPICAL SQUAMOUS CELLS CANNOT EXCLUDE HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (ASC-H)
23	57455	Colposcopy of the cervix including upper adjacent vagina; with biopsy(s) of the cervix			795.13	PAPANICOLAOU SMEAR OF VAGINA WITH LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION (LGSIL)
24	57511	Cautery of cervix; cryocautery, initial or repeat			795.14	PAPANICOLAOU SMEAR OF VAGINA WITH HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (HGSIL)
25	57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision			795.15	VAGINAL HIGH RISK HUMAN PAPILLOMAVIRUS (HPV) DNA TEST POSITIVE
26	58300	Insertion of intrauterine device			795.16	PAPANICOLAOU SMEAR OF VAGINA WITH CYTOLOGIC EVIDENCE OF MALIGNANCY
27	58301	Removal of IUD			795.18	UNSATISFACTORY VAGINAL CYTOLOGY SMEAR
28	58340	Catherization & introduction of saline infusion sonohysterography (SIS) or hysterosalpingography			795.19	OTHER ABNORMAL PAPANICOLAOU SMEAR OF VAGINA AND VAGINAL HPV
29	58565	Essure - female sterilization			V01.6	CONTACT WITH OR EXPOSURE TO VENEREAL DISEASE
30	58600	Ligation or transection of fallopian tube(s) abdominal or vaginal approach, unilateral or bilateral			V02.7	CARRIER OR SUSPECTED CARRIER OF GONORRHEA
31	58611	Ligation or transection of fallopian tube(s), when done at the time of cesarean delivery or intra-abdominal surgery			V25.0	GENERAL COUNSELING AND ADVICE
32	58615	Occlusion of fallopian tube(s) by device (e.g., band, clip, falope ring) vaginal or suprapubic approach			V25.01	PRESCRIPTION OF ORAL CONTRACEPTIVES
33	58670	Laparoscopy - with fulguration of oviducts (with or without transection)			V25.02	INITIATION OF OTHER CONTRACEPTIVE MEASURES
34	58671	Laparoscopy - with occlusion of oviducts (e.g., band, clip, falope ring)			V25.03	ENCOUNTER FOR EMERGENCY CONTRACEPTIVE COUNSELING AND PRESCRIPTION

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3	Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
35	58700	Salpingectomy, complete/partial, unilateral/bilateral (separate procedure)			V25.04	COUNSELING & INSTRUCTION IN NATRL FAMILY PLANNING TO AVOID PREG
36	64435	Injection anesthetic agent, paracervical			V25.09	OTHER FAMILY PLANNING ADVICE
37	71020	Radiologic exam, chest, two views			V25.1	INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE *END DATED 9/30/10*
38	72190	Radiologic exam, pelvis, complete, minimum of 3 views			V25.11	INSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
39	74740	Hysterosalpingography; supervision and interpretation only			V25.12	REMOVAL OF INTRAUTERINE CONTRACEPTIVE DEVICE
40	76830	Ultrasound, transvaginal			V25.13	REMOVAL AND REINSERTION OF INTRAUTERINE CONTRACEPTIVE DEVICE
41	76856	Ultrasound, pelvic (non-obstetric) B-Scan and/or real time with image documentation; complete (Payable only with a family planning related diagnosis)			V25.2	STERILIZATION
42	76857	Ultrasound, pelvic (non-obstetric) B-Scan and/or real time with image documentation; limited or follow-up (Payable only with a family planning related diagnosis)			V25.4	SURVEILLANCE OF PREVIOUSLY PRESCRIBED CONTRACEPTIVE METHODS
43	80053	Blood Panel			V25.8	Other specified contraceptive management
44	81000	UA by regent strips			V25.40	CONTRACEPTIVE SURVEILLANCE UNSPECIFIED
45	81001	UA, auto with scope			V25.41	CONTRACEPTIVE PILL
46	81002	UA, routine without microscopy			V25.42	INTRAUTERINE DEVICE CHECKING, REINSERTION, REMOVAL
47	81003	UA, auto without scope			V25.43	SURVEILLANCE OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
48	81025	Urine pregnancy test			V25.49	OTHER CONTRACEPTIVE METHOD
49	82948	Glucose, blood, stick test			V25.5	INSERTION OF IMPLANTABLE SUBDERMAL CONTRACEPTIVE
50	84702	Gonadotropin, chorionic; quanitative (HCG)			V25.9	UNSPECIFIED CONTRACEPTIVE MANAGEMENT
51	84703	Gonadotropin, qualitative (pregnancy test			V26.5	Sterilization status
52	85004	Automated diff WBC count			V26.51	Tubal ligation status
53	85007	Differential WBC count			V26.52	Vasectomy status
54	85013	Hematocrit			V72.4	PREGNANCY EXAM OR TEST
55	85014	Blood count, hematocrit			V72.40	PREGNANCY EXAM OR TEST, PREGNANCY UNCONFIRMED

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3	Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
56	85018	Blood count, hemoglobin			V72.41	PREGNANCY EXAM OR TEST, NEGATIVE RESULT
57	85025	Automated hemogram			V72.42	PREGNANCY EXAM OR TEST, POSITIVE RESULT
58	85027	Automated hemogram			V72.81	PRE-OPERATIVE CARDIOVASCULAR EXAM
59	86318	Immunoassay for infectious agent regeant strip			V73.98	UNSPECIFIED CHLAMYDIAL DISEASE
60	86592	Syphilis, qualitative (aka VDRL)			V74.5	SCREENING EXAMINATION FOR VENEREAL DISEASE
61	86593	Syphilis tests; quantitative			V76.2	CERVIX (ROUTINE CERVICAL PAPANICOLAOU SMEAR)
62	87088	Culture, presumptive pathogenic organisms, screening only				
63	87102	Knickers test for yeast				
64	87110	Culture, chlamydia				
65	87205	Smear, primary source, with interpretation, routine				
66	87210	Smear, primary source, with interpretation, wt mount				
67	87211	Smear, primary source, with interpretation, wet/dry mount **end dated 7/31/07**	7/31/2007			
68	87220	Koh test				
69	87490	Infectious agent detection by nucleic acid, chlamydia...				
70	87491	Chlamydia trachomatis, amplified probe technique				
71	87590	Infectious agent detection by nucleic acid; N. gonnorrhoeae, direct probe technique				
72	87591	Gonorrhea - amplified probe test				
73	87621	HPV - amplified probe test				
74	88141	Cytopathology pap, cervical or vaginal; any reporting system requiring interpretation by physician				
75	88142	Cytopathology, cervical or vaginal, liquid dpreservative; automated prep, manual screen under physician supervision				
76	88143	Cytopathology, cervical or vaginal, liquid preservative; automated prep, manual screen & rescreen under physician supervision				

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3	Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
77	88147	Cytopathology-smears cervical or vaginal, screening by automated system under supervision of physician				
78	88148	Cytopathology, smears cervical or vaginal, automated manual rescreening under physician supervision				
79	88150	Cytopathology, slides-cervical or vaginal, manual screening under physician supervision				
80	88152	Cytopathology, slides manual screen & computer assisted rescreen under physician supervision				
81	88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision				
82	88154	Cytopathology, slides, cervical or vaginal; with manual screening & computer assisted rescreening using cell selection & review under physician supervision				
83	88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision				
84	88165	Cytopathology, slides, cervical or vaginal (Bethesda System); manual screen & rescreen under physician supervision				
85	88166	Cytopathology, slides, cervical or vaginal (Bethesda System); manual screen & computer assisted rescreen under physician supervision				
86	88167	Cytopathology, slides, cervical or vaginal (Bethesda System); manual screen & computer assisted rescreen using cell selection & review under physician supervision				
87	88174	Cytopathology, cervical or vaginal, liquid preservative, auto prep, automated screening under physician supervision				
88	88175	Cytopathology, cervical or vaginal, liquid preservative, auto prep, automated screen & manual rescreen, under physician supervision				
89	88302	Level II - surgical pathology gross & microscopic exam				

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3	Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
90	88305	Level IV- Surgical pathology, gross and microscopic examination				
91	88307	Level V- Surgical pathology, gross and microscopic examination				
92	89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)				
93	90772	Ther/proph/diag Inj, SC/IM **end dated 12/31/08**	12/31/2008			
94	90782	Ther.injection of medication (specify);subq or I.M. (each) **end dated 3/31/06**	3/31/2006			
95	93000	Electrocardiogram, routine EKG with at least 12 leads; w/interpretation and report				
96	94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations				
97	96372	Therapeutic, prophylactic, or diagnostic injection;subcutaneous or intramuscular				
98	99000	Handling and/or conveyance of specimen for transfer from a physician's office to a lab				
99	99001	Handling and/or conveyance of specimen for transfer from patient to other than physician's office to a lab (distance may be indicated)				
100	99002	Handling, conveyance and/or other service in connection with the implementation of an order involving devices when devices are fabricated by an outside lab but which items have been designated, and are fitted and adjusted by the attending physician **end dated 12/6/02**	12/6/2002			
101	99144	Moderate (conscious) sedation by same physician, first 30 min intra-service time, ages 5 yrs and older				
102	99145	Moderate (conscious sedation) by same physician, add-on code				
103	99201	New patient office or other outpatient visit				
104	99202	New patient office or other outpatient visit				
105	99203	New patient office or other outpatient visit				
106	99204	New patient office or other outpatient visit				
107	99205	New patient office or other outpatient visit				
108	99211	Established patient office or other outpatient visit				
109	99212	Established patient office or other outpatient visit				

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3	Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
110	99213	Established patient office or other outpatient visit				
111	99214	Established patient office or other outpatient visit				
112	99215	Established patient office or other outpatient visit				
113	99241	New or established patient office or other outpatient consultations				
114	99242	New or established patient office or other outpatient consultations				
115	99243	New or established patient office or other outpatient consultations				
116	99244	New or established patient office or other outpatient consultations				
117	99245	New or established patient office or other outpatient consultations				
118	99383	Preventive medicine service, new pt, initial, late childhood				
119	99384	Preventive medicine service, new pt evaluat, adolescent				
120	99385	Preventive medicine service, new pt, 18-39 years of age				
121	99386	Preventive medicine service, eevaluate, 40-64 years				
122	99393	Preventive medicine service, est pt, late childhood				
123	99394	Preventive medicine service, est pt, adolescent				
124	99395	Preventive medicine service, est pt, 18-39 years of age				
125	99396	Preventive medicine service, 40-64 years of age				
126	99401	Preventive medicine service, individual counseling, 15 minutes				
127	99402	Preventive medicine counseling - periodic/follow-up visit (approx 15 minues) - family planning visit				
128	99420	Administration and inter health risk assessment instrument				
129	99420	Completion of Risk Assessment Form				
130	A4261	Cervical cap				
131	A4266	Diaphragm				

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3	Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
132	A4267	Condom, nonspermicidal				
133	A4267	Condom, spermicidal				
134	A4267	Contraceptive supply, condom, male each				
135	A4268	Female condom				
136	A4269	Spermicidal suppositories				
137	A4269	Contraceptive foam				
138	A4269	Contraceptive jelly				
139	A4269	Contraceptive sponges				
140	A4269	Vaginal contraceptive film				
141	A4932	Basal thermometer				
142	E1399	Essure Implant				
143	G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: Education, skills training & guidance on how to change sexual behavior; performed semi-annually, 30 minutes				
144	G0450	Screening for sexually transmitted infections, includes laboratory tests for chlamydia, gonorrhea, syphilis & hepatitis B				
145	J1050	Medroxyprogesterone acetate for contraceptive use, 1mg				
146	J1055	Depo Provera	12/31/2012			
147	J2250	Injection, Midazolam HCL, 1 mg (Versed)				
148	J3010	injection, Fentanyl Citrate, 0.1 mg (Fentanyl)				
149	J3490	Doxycycline				
150	J3490	Flagyl				
151	J3490	Vaginal cream, eg, Terazol				
152	J3490	Unclassified Drugs (Use for medications and injectibles related to contraception services). J3490 requires the claim to include the NDC number.				
153	J7300	Intrauterine Device (IUD)				
154	J7301	Levonorgestrel-releasing intrauterine contraceptive system (skyla), 13.5 mg				
155	J7302	IUD - Levonorgestrel-Release Intrauterine Contraception 52MG (brand name Merena)				
156	J7303	Contraceptive supply, hormone containing vaginal ring, each				
157	J7304	Transdermal Hormonal (Evra - patch)				



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3	Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
158	J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies)				
159	J7307	Levonorgestrel (contraceptive) implants system, including implants and supplies (brand name Implanon) For December 2007 dates of service use S0180				
160	J8499	Prescription drug, oral, non-chemotherapeutic, not otherwise specified (Use for oral medications related to contraception services). J8499 requires the claim to include the NDC number.				
161	S0180	Etonogestrel Implant System, including implants and supplies **end dated 12/31/07**	12/31/2007			
162	S4989	Progestasert IUD				
163	S4993	Oral contraceptive, 21-day supply				
164	S4993	Oral contraceptive, 28-day supply				
165	S4993	Seasonale - Family planning clinics. Seasonale requires prior authorization when dispensed at a pharmacy.				
166	T1013	Sign language or oral interpretive services, per 15 minutes				
167	T1999	Supplies and materials provided by phys				
168						
169						
170	<b>Routine Sterilization Pre-operative Services</b>	Description				
171	71010	Chest x-rays				
172	71020	Chest x-rays				
173	80053	Blood panel				
174	84702	Quantitative HCG				
175	93000	EKG				
176	99201-99205	New patient office or other outpatient visit				

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3	Procedure Code	Description	Termed Procedure Code Dates		Diagnosis Codes	Description
177	99211-99215	Established patient office or other outpatient visit				
178	99241-99245	New or established patient offices or other outpatient consultations				
179	99383-99386	Preventive medicine service, new patient				
180	99393-99396	Preventive medicine service, established patient				
181	V72.81	Preoperative cardio exam diagnosis code to be used with sterilization procedures				
182						
183	Key:					
184		Effective Date	Color			
185		February 1, 2006	No color			
186		December 1, 2007	Light Yellow			
187		January 1, 2009	Blue			
188		July 1, 2010	Green			
189		October 1, 2010	Purple			
190		January 1, 2011	Orange			
191		December 29, 2011	Gray			
192		January 1, 2012	Red			
193		January 1, 2013	Brown			
194		October 1, 2013	Bright Yellow			
195		January 1, 2014	Aqua			